



Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid Letter for Follow-Up Physician

Dear Health Care Provider,

Last Name First Name D.O.B. Year/Mo./Day was seen in the Emergency Department of Hospital on Year/Mo./Day following an exposure to blood or body fluid.

They received the following post-exposure prophylaxis:

- Wound cleaning, Tetanus prophylaxis, Hepatitis B immune globulin (HBIG), One dose of Hepatitis B vaccine, Started on 5 day antiretroviral starter kit, Preliminary counselling for blood and body fluid exposure

The following baseline blood tests were performed:

- HIV Ag/Ab, HBsAg, anti-HBs, anti-HBc Total, Pregnancy test, anti-HCV, Other:

Results of the above tests will determine the need for further testing.

Information regarding these lab results can be obtained by calling phone and asking for:

- Medical Records, Emergency Dept., Lab, Other: specify contact name or department name

The following are required by you:

- Consult with the Centre for Excellence in HIV/AIDS (1-888-511-6222) as soon as possible to determine the need for the remainder of a one month's supply of antiretrovirals (and to arrange delivery if required). Offer or refer for further doses of Hepatitis B vaccine to complete the recommended schedule.

Arrange for the following blood tests:\*

- 3 weeks post-exposure: HIV Ag/Ab, HCV RNA (If source HCV+ or high risk group; if HCV RNA+ repeat in 6 months)
6 weeks post-exposure: HIV Ag/Ab
3 months post-exposure: HIV Ag/Ab, anti-HCV, HBsAg, anti-HBs, anti-HBc Total (unless previous HCV RNA+)
All of the above
Other:

\* If the result of a test changes from being negative (non-reactive) to positive (reactive), seroconversion has occurred for that viral marker.

The exposed person may require further counselling about their risk of infection, ways to avoid transmission, and information about antiretrovirals.

Information concerning antiretrovirals can be obtained from the B.C. Centre for Excellence in HIV/AIDS (1 888 511 6222).

Information concerning counselling to avoid potential transmission can be obtained from your local health facility or from the BC Centre for Disease Control at http://www.bccdc.ca/health-info/disease-types/bloodborne-diseases.

Please refer to Chapter 1, Blood and Body Fluid Exposure Management (BCCDC Communicable Disease Control Manual) for information concerning testing for exposed persons placed on PEP, given HBIG, or HBV vaccine:

http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual

Signature Name (print) Date (yyyy/mm/dd)

Table with 2 columns: Distribution color and recipient name. Rows: WHITE: Client, YELLOW: Exposed Person's Worksite Occupational Health, PINK: Exposed person's chart

HEALTH FACILITY STAMP: